



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
JUVENILE PAROLE**

CONFIDENTIAL INFORMANT AGREEMENT & WAIVER

I, _____, have informed my Juvenile Parole Officer that I voluntarily wish to cooperate with either City, County, State or Federal Law enforcement officers for the purpose of providing information. I agree that, while acting in said capacity, I will abide by my jurisdictional rules of parole supervision. I understand the Department of Corrections discourages any such cooperation when it jeopardizes my well-being or encourages association with other felons. I understand the Department of Corrections does not condone any activity that is illegal including possessing or carrying any illegal substances. I am fully aware and have been informed by my supervising officer that I can be returned to a secure facility should I violate any of the conditions of my parole agreement while providing information to law enforcement.

I, having read the above waiver, do fully understand I am responsible for my actions, and hereby release the Department of Corrections from any liability pertaining to my actions. I do understand and agree that the Department will afford me no concessions or special favors.

Youth	Date	Youth Community Corrections Bureau Chief	Date
Juvenile Parole Officer	Date	Parent/Guardian	Date
Law Enforcement Witness	Date		

Expiration Date *(or expires within 10 days of signature)*

Copy: Juvenile Parole Officer
Youth Community Corrections Bureau Chief
Law Enforcement Official
Parent/Guardian
Youth